

# NEW YORK

## MAIL-IN VOTER REGISTRATION APPLICATION

Shaded Areas Not Required

You can use this form to: • register to vote • report that your name or address has changed • register with a party Please print in blue or black ink				This space is for official use only.			
<b>1</b>	Mr. Mrs. Miss. Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV		
<b>2</b>	Address (see instructions) — Street (or route and box number)		Apt., or Lot #	City/Town	State	Zip Code	
<b>3</b>	Address Where You Get Your Mail If Different From Above (see instructions)			City/Town	State	Zip Code	
<b>4</b>	Date of Birth ____/____/____ Month Day Year		<b>5</b>	Telephone Number (optional)			
			<b>6</b>	ID Number (see item 6 in the instructions for your State)			
<b>7</b>	Choice of Party (see Item 7 in the instructions for your State)			<b>8</b>	Race or Ethnic Group (see item 8 in the instructions for your State)		
<b>9</b>	I swear/affirm that: • I am a United States citizen I meet the eligibility requirements of my state and subscribe to any oath required. (See item 9 in the instructions for your state before you sign.) • The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprison- ment or both under Federal or State laws.			<b>Please sign full name (or put mark) ↓</b>  <b>X</b> _____  <b>Date:</b> ____/____/____ Month Day Year			
<b>10</b>	If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).						

**Please fill out the sections below if they apply to you.**

Fold here

If this application is for a **change of name**, what was your name before you changed it?

<b>A</b>	Mr. Mrs. Miss. Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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If you were **registered before** but this is the first time you are registering from the address in **Box 2**, what was your address where you were registered before?

<b>B</b>	Street (or route and box number)	Apt., or Lot #	City/Town	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

<b>C</b>	• Write in the names of the crossroads (or streets) nearest to where you live. • Draw an <b>X</b> to show where you live. • Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.	NORTH ↑									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Example</td> <td style="width: 5%; padding: 5px;">Route #2</td> <td style="width: 75%; padding: 5px;">*Grocery Store</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;">Woodchuck Road</td> </tr> <tr> <td style="padding: 5px;">Public School*</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"><b>X</b></td> </tr> </table>		Example	Route #2	*Grocery Store			Woodchuck Road	Public School*		<b>X</b>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Example	Route #2	*Grocery Store									
		Woodchuck Road									
Public School*		<b>X</b>									

DD Form 2644, NOV 94

Complete all Items 1 through 10 that are **not** shaded. **Sign and date** the form.

**Item 2:** If this is the first time you are registering from this address, print the address where you were registered before in Item B. Do not use a post office box or rural route without a box number.

**Item 3:** Complete this item only if your mail address is different from Item 2.

**Item 6:** Leave blank.

**Item 7:** You must enroll with a party if you want to take part in that party's primary election or caucus.

**Item 8:** Leave blank.

**Item 9:** To register in New York you must:

- be a citizen of the United States
- be a resident of the county, or of the City of New York, at least 30 days before an election

- be 18 years old by December 31 of the year in which you file this form. (*Note:* You must be 18 years old by the date of the general, primary or other election in which you want to vote)
- not be in jail or on parole for a felony conviction
- not currently be judged incompetent by order of a court or competent judicial authority
- not claim the right to vote elsewhere.

*In addition, if this form is used for:*

**A. NAME CHANGE:** Complete Item A.

**B. ADDRESS CHANGE:** Complete Item B.

**C. VOTING RESIDENCE PHYSICAL DESCRIPTION:**

Complete Item C if it is needed to clarify the physical location of voting residence (legal).

**A. WHAT TO DO**

- (1) Provide the *Mail-In Voter Registration Application*, DD 2644 and *Voter Registration Information*, DD 2645, to prospective enlistee.
- (2) Assist eligible citizens in completing the *Mail-In Voter Registration Application*, DD 2644, unless the eligible citizen refuses assistance.
- (3) Send the completed *Mail-In Voter Registration Application*, DD 2644, to the address in the “Where To Send It” listed below.

**B. WHEN TO SEND IT**

A completed *Mail-In Voter Registration Application*, DD 2644, must be sent no later than 5 days after the day of acceptance. Refer to Appendix E for state registration deadlines.

**C. WHERE TO SEND IT****Mail To:**

NYS Board of Elections  
Swan Street Bldg., Core 1  
6 ESP Suite 201  
Albany, NY 12223-1650

**D. RECORDS REQUIRED**

Recruiters must collect and maintain the following information in accordance with procedures established by respective recruiting commands.

Total number of “persons” that include the following:

- (a) Total persons assisted for recruiting services.
- (b) Total persons assisted for Voter Registration Applications.
- (c) Total *Mail-In Voter Registration Application* forms, DD 2644, completed.
- (d) Total *Voter Registration Information* forms, DD 2645, completed. This form must be retained for 24 months.

**E. QUESTIONS AND ASSISTANCE**

In the event assistance from the next higher command is not available, the Federal Voting Assistance Program can be reached at 800 438-VOTE (8683) or e-mail at [nvra@fvap.ncr.gov](mailto:nvra@fvap.ncr.gov).